



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
TOGUCHI	CHARLES	T.	(808) 221-0327
MAILING ADDRESS (Street)			FAX
47-640 HUI ULILI STREET			(808) 239-1271
(City)	(State)	(Zip Code)	
KANEOHE	HI	96744	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
HAWAII HEALTH SYSTEMS CORPORATION		(808) 733-4020
MAILING ADDRESS (Street)		FAX
3675 KILAUEA AVENUE		
(City)	(State)	(Zip Code)
HONOLULU, HI	96816	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
KELLEY C. ROBERSON		(808) 733-4171
MAILING ADDRESS (Street)		FAX
3675 KILAUEA AVENUE		(808) 733-4167
(City)	(State)	(Zip Code)
HONOLULU	HI	96816

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Dee-Dee L. Logue

(Signature of Lobbyist)

1-21-07

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

KELLEY C. ROBERSON

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Chief Operating Officer/Chief Financial Officer

NAME OF ORGANIZATION (if applicable)

HAWAII HEALTH SYSTEMS CORPORATION

TELEPHONE

(808) 733-4171

MAILING ADDRESS (Street)

3675 KILAUEA AVENUE

FAX

(808) 733-4167

(City)

HONOLULU

(State)

HI

(Zip Code)

96816

I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.

Kelley C. Roberson

(Signature of Authorizing Officer or Person Represented)

01/25/2007

(Date)